

01-26-05

IFW



PATENT

Attorney Docket No.: 148046NM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Burl, et al.  
Serial No.: 10/761,553  
Filed: January 21, 2004  
For: SURFACE COIL  
DECOUPLING MEANS FOR  
MRI SYSTEMS  
Group No.: 2859  
Examiner: Shrivastav, Brij B.

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment Transmittal (3 pgs., in duplicate)  
Amendment in Response to Office Action of November 15, 2004 (6 pgs.)  
Return Postcard

**STATUS**

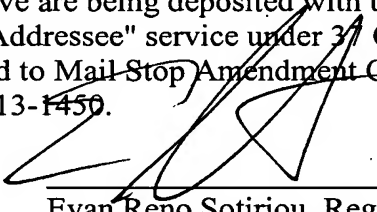
2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO**  
**THE COMMISSIONER FOR PATENTS**

**Express Mail No. EV459190291US**

**Date: January 25, 2005**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 39 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Evan Reno Sotiriou, Reg. No. 46,247

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

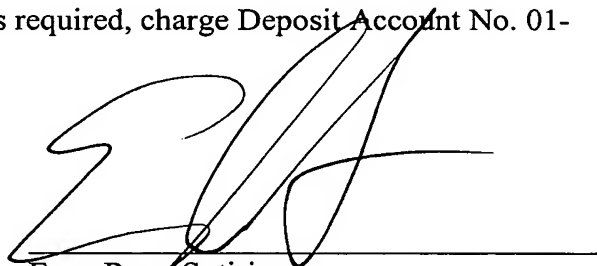
5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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